

SOUTH CAROLINA CERTIFICATE OF IMMUNIZATION

(TO BE COMPLETED BY A LICENSED PRACTITIONER OF MEDICINE, SURGERY, OR OSTEOPATHY, OR BY HIS OR HER AUTHORIZED REPRESENTATIVE)

Section I a - DAY CARE <div style="text-align: right; margin-bottom: 10px;"> _____ / _____ / _____ Date for next Immunization </div> (Child can attend day care for no more than one month following this date.) or <input type="checkbox"/> Final certificate for DAY CARE ATTENDANCE*	Section I b - SCHOOL <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Has received all immunizations required for SCHOOL ENTRY* (Invalid if checked before child's fourth birthday) </div> <div style="width: 35%;"> EXEMPTIONS (check all that apply) <input type="checkbox"/> MEDICAL CONTRAINDICATION Complete Section IV below. Child can attend school for no more than one month following the earliest expiration date in Section IV. <input type="checkbox"/> AGE-RELATED EXEMPTION Date of fourth birthday or next immunization after fourth birthday (child can attend school for no more than one month following this date): _____ / _____ / _____ <input type="checkbox"/> CATCHING UP Date for next immunization (child can attend school for no more than one month following this date): _____ / _____ / _____ </div> </div>
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*Required standards of immunization for permanent certification for day care attendance and for school entry are published annually by SCDHEC Division of Immunization (Telephone 1-800-277-4687).

Section II - CHILD'S IDENTIFICATION

DOB: _____ / _____ / _____

Section III - DATES OF IMMUNIZATIONS

VACCINES	M/D/Y	M/D/Y	M/D/Y	M/D/Y	M/D/Y	M/D/Y	M/D/Y
Hepatitis B							
HepB-Ped							
HepB-Adult							
OPV							
IPV							
DTP or DTaP							
DT or Td							
HIB							
Hib - PRPOMP							
MMR							
VAR							
Other:	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____

Section IV - MEDICAL CONTRAINDICATION

This child is exempted from receiving each of the vaccines listed below for a MEDICAL REASON.

VACCINE(S)	DATE EXEMPTION EXPIRES	OR PERMANENT EXEMPTION
	____ / ____ / ____	<input type="checkbox"/>
	____ / ____ / ____	<input type="checkbox"/>

Section V - CERTIFICATION OF IMMUNIZATION STATUS

Type or Print Certifier's Name

Certifier's Signature or Stamp

Certifier's Telephone Number

Date Certificate Issued

Instructions for Completing the South Carolina Certificate of Immunization (DHEC 1148)

Section 1a – DAY CARE

Complete this section if the certificate is to be used as evidence of immunization for the purpose of attending day care in South Carolina.

Date For Next Immunization – If the child is not yet eligible for the final certificate for day care attendance (see below), insert the date upon which the child should next receive an immunization, according to the most current DHEC Routine Childhood Immunization Schedule, which is also available from the SC DHEC IMMUNIZATION DIVISION. The child is not permitted to attend day care more than one month beyond the date for next immunization in Section 1a of his or her latest certificate. If the date for next immunization is delayed by reason of medical contraindication, please complete Section IV as applicable.

Final Certificate for Day Care Attendance – Check this box if the child meets the required standards of immunization for final day care certification as published by the SC DHEC IMMUNIZATION DIVISION (telephone 1-800-277-4687).

Section 1b – SCHOOL

Complete this section if the certificate is to be used as evidence of immunization for the purpose of enrollment in headstart, school K-12), or a Department of Education child development program.

Has Received All Immunizations Required For School Entry – Check this box if the child is four years old or older **and also** meets the required standards of immunization for permanent school certification as published annually by the SC DHEC IMMUNIZATION DIVISION (telephone 1-800-277-4687) in the “Schedule of Required Vaccinations, Screening, and Immunizations for School Admittance”.

Exemptions – If the certificate is to be used for the purpose of admittance to school (K-12) or a Department of Education child development program and the child has **not** received all immunizations required for school entry, check to denote all applicable exemptions. In the case of a **Medical Contraindication**, complete Section IV of the certificate as appropriate. The child is permitted to remain in school for no more than one month following the expiration of a temporary medical exemption.

Age-Related Exemption – This exemption exists for the child who is ineligible to receive all immunizations required for school entry because he or she is less than four years old. Enter the date of the child’s fourth birthday in the space provided or, in the case of a minimal interval delay, enter the earliest date for next immunization after the fourth birthday. The child can attend school for no more than one month following this date.

Catching Up – This exemption exists for the child who is four years old or older, has not yet received all immunizations required for school entry, and is now “catching up” with the immunization schedule by receiving immunizations in accordance with SC DHEC recommendations. Enter the date for next immunization in the space provided. The child can attend school for no more than one month after the date for next immunization.

Please Note – If the certificate is to be used for both day care and school, Sections 1a and 1b should be completed.

Section II – CHILD’S IDENTIFICATION

Enter the child’s last name, first name, middle initial and date of birth.

Section III – DATES OF IMMUNIZATIONS

Enter the dates of all immunizations received previously and at the current visit, from you and from any other immunization provider. There should be no dates after the issuance date in Section V. For vaccine antigens not listed, enter the vaccine antigen name in one of the spaces provided below the listed vaccines. For varicella, enter date vaccine was received. If child has had chickenpox, enter “has had disease”. Dates of Hepatitis B vaccinations administered as components of a combination vaccine should be entered on the **Hepatitis B** row.

Section IV – MEDICAL CONTRAINDICATION

Complete this section if there exists a medical contraindication which prevents the child from receiving one or more immunizations in a timely manner consistent with the SC DHEC Routine Childhood Immunization Schedule. List all contraindicated vaccines in the left-hand column. If the medical exemption is temporary, enter the date it expires in the middle column. If the medical exemption is permanent, leave the date blank and check the box in the right-hand column to indicate a permanent medical exemption. A child who is permitted to attend **school** (K-12), headstart, or a Department of Education child development program under a medical exemption is **permitted to remain in school for no more than one month following the expiration date of the earliest temporary exemption in Section IV**. A new certificate must be presented to the school in order for the child to remain in attendance. Similarly, a child who is permitted to attend **day care** under a medical exemption can attend day care for no more than one month following the date the exemption expires. For day care, the date for next immunization in Section 1a should not be later than the expiration date of a temporary medical exemption in Section IV.

Section V – CERTIFICATION OF IMMUNIZATION STATUS

This certificate is valid only if signed or stamped by a licensed practitioner of medicine, surgery, or osteopathy, or by his or her authorized representative. The certifier affirms that, in his or her judgement, the information on the certificate is accurate based upon the child’s health records, and that, in completing the certificate, the certifier has applied the appropriate SC DHEC standards for final certification for day care attendance and/or school entry. Please enter all required information. Additionally, SC DHEC personnel who prepare this form are requested to place their initials beside the certifier’s signature or stamp.

OFFICE MECHANICS and FILING

After completion by the physician or his/her authorized representative, this form is given to the patient/parent/guardian.